COMPLAINT NUMBER	
(To be filled in by Police Department)	

## CITIZEN COMPLAINT FORM

## City of Akron Police Department 217 S. High St. Akron, Ohio 44308

The citizen complaint procedure provides individuals with the opportunity to lodge a complaint alleging misconduct or wrong doing on the part of a member of the Akron Police Department.

YOUR NAME:						
	First	M	.I. I	ast		
YOUR ADDRESS:						
	Number	Street	City	Zip Code	Home Phone	
YOUR EMPLOYER:						
	Name of Emp	bloyer		Working Hours	Employer Phone Number	
					s/her name and D.O.B. in	
DATE/TIME of Inciden	t:					
LOCATION of Incident	:					
NAMES, I.D. NUMBER						
*********	******	******	******	*******	**********	 *****
NARRATIVE: (Please	be specific.	State exactly the	e actions of th	e officer(s) that cau	se you to complain)	
(Please attach additional page	s for the narrati	ive, if necessary)				
engaged in misconduct i	n the perform is a misdem	nance of the off eanor of the firs	icer's duties it t degree. (3-22	the person knows 2-01)" I understan	that alleges that the peace that the allegation is false. d that by signing this compriminally.	
(Signature of complainant)		(Date)	_	(Complain	nt Received By)	(Date)